Image# 14962156038 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADRESS frumber and sites 2345 Grand Boulevard Suite 2400 CITY, STATE, and ZIP CODE Kansas City 1. NAME OF CANDIDATE Sam B. Graves 1. STHIS AN AMENDMENT? NO. THIS IS A NEW FILING VES. IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE C. FULL NAME, MAILING ADDRESS AND ZIP CODE C. FULL NAME, MAILING ADDRESS AND ZIP CODE C. FULL NAME, MAILING ADDRESS AND ZIP CODE D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE D. FULL NAME, MAILING ADDRESS AND ZIP CODE D. FULL NAME	NAME OF COMMITTEE IN FULL]	
CITY, STATE, and ZIP CODE Kansas City MO 64108-2642 2. NAME OF CANDIDATE Sam B. Graves 1. OFFICE SOUGHT (State and District) House MO 06 A. FULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Determined Occupation Date (month, day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation Determined Occupation Determined Date (month, day, year) Determined Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount day, year)	Graves for Congress				
CITY, STATE, and ZIP CODE AMO 64108-2642 2. NAME OF CANDIDITE Sam B. Graves 3. OFFICE SOURHT (State and District) House MO 06 CO0359034 4. FEC IDENTIFICATION NUMBER CO0359034 5. IS THIS AN AMENDMENT? NO. THIS IS A NEW FILING VES, IT AMENDS THE NOTICE FILED ON AFULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation CEPULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount	ADDRESS (number and street) 2345 Grand Boulevard				
Kansas City NO 6 4108-2642 2. NAME OF CANDIDATE Sam B. Graves 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield B. FULL NAME, MAILING ADDRESS AND ZIP CODE C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Name of Employer Date (month, day, year) C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Cocupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount Cocupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount Amount Amount D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount Amount Amount Amount D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount Amount Amount Amount Amount					
2. NAME OF CANDIDATE Sam B. Graves 3. OFFICE SOUGHT (State and District) House MO 06 4. FECT IDENTIFICATION NUMBER C00359034 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Cocupation Date (month, day, year) Cocupation Date (month, day, year) Amount		MO	00.0040		
Sam B. Graves House MO 06 C00359034 5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FILING YES. IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Amount Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year)				4 FEC IDENTIFICATIO	NI NUMBER
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Deep (month, day, year) Occupation Occupation Deep (month, day, year) Occupation Occupation Deep (month, day, year)					
A. FULL NAME, MAILING ADDRESS AND ZIP CODE CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Name of Employer Date (month, day, year) Occupation C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)		House Wo oo			
CF Industries Employees' Good Govt. Fund 4 Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Determine, Mailing Address And ZIP CODE Name of Employer Date (month, day, year) Determine, Mailing Address And ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Determine, Mailing Address And ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year)	5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	
A Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year)	A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
A Parkway N Suite 400 Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount Cocupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year)	CF Industries Employees' Good Govt. Fund				1000
Deerfield IL 60015-2542 Name of Employer Date (month, day, year)	4 Parkway N				
Deerfield IL 60015-2542 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Amount day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year)	Suite 400	Transaction ID : 22701000			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Name of Employer Date (month, day, year) Occupation Disterministic (month, day, year) Amount Occupation Disterministic (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation Disterministic (month, day, year)	Deerfield II 60015-2542	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Occupation Occupation Date (month, day, year) Amount Date (month, day, year)				Data (manufic	A
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Occupation Date (month, day, year) Amount Date (month, day, year)	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Occupation Date (month, day, year) Amount Date (month, day, year)					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Occupation Date (month, day, year) Amount Date (month, day, year)					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Occupation Date (month, day, year) Amount Date (month, day, year)					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Occupation Date (month, day, year) Amount Date (month, day, year)		Occupation		-	
Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Date (month, Amount day, year) Name of Employer Date (month, Amount day, year)					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation Occupation Date (month, day, year) Amount Description Date (month, day, year) Occupation Description Descri	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Date (month, day, year)				day, year)	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Date (month, day, year)					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Date (month, day, year)					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Date (month, day, year)		Occupation			
Occupation E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount					
Occupation E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount	D FULL NAME MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month.	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount		Nume of Employer			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount					
		Occupation			
	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
				,,,,,,,,	
Occupation		Occupation		-	
SIGNATURE (optional) DATE For further information contact:				For further	information contact:
Jean Bradshaw 07/22/2014 Federal Election Commission 999 E Street, NW, Washington, DC 20463		07/22/2014			
Toll Free 800-424-9530, Local 202-694-1100					

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

